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| <i>Index of Claims</i>  | Application/Control No. 10539769 | Applicant(s)/Patent Under Reexamination SAUVAIGO, SYLVIE |
| | Examiner MICHELE K JOIKE | Art Unit 1636 |

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| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | <input type="checkbox"/> CPA | | | <input type="checkbox"/> T.D. | | | <input type="checkbox"/> R.1.47 | | |
|--|----------|------------|------------------------------|--|--|-------------------------------|--|--|---------------------------------|--|--|
| CLAIM | | DATE | | | | | | | | | |
| Final | Original | 08/29/2008 | | | | | | | | | |
| | 1 | - | | | | | | | | | |
| | 2 | - | | | | | | | | | |
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| | 4 | - | | | | | | | | | |
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| | 13 | - | | | | | | | | | |
| | 14 | - | | | | | | | | | |
| | 15 | - | | | | | | | | | |
| | 16 | - | | | | | | | | | |
| | 17 | - | | | | | | | | | |
| | 18 | - | | | | | | | | | |
| | 19 | - | | | | | | | | | |
| | 20 | - | | | | | | | | | |
| | 21 | - | | | | | | | | | |
| | 22 | ✓ | | | | | | | | | |
| | 23 | ✓ | | | | | | | | | |
| | 24 | ✓ | | | | | | | | | |
| | 25 | ✓ | | | | | | | | | |
| | 26 | ✓ | | | | | | | | | |
| | 27 | ✓ | | | | | | | | | |
| | 28 | ✓ | | | | | | | | | |
| | 29 | ✓ | | | | | | | | | |
| | 30 | ✓ | | | | | | | | | |
| | 31 | ✓ | | | | | | | | | |
| | 32 | ✓ | | | | | | | | | |
| | 33 | ✓ | | | | | | | | | |
| | 34 | ✓ | | | | | | | | | |
| | 35 | ✓ | | | | | | | | | |
| | 36 | ✓ | | | | | | | | | |

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|---|----------|------------|--|--|--|--|--|--|--|--|
| CLAIM | | DATE | | | | | | | | |
| Final | Original | 08/29/2008 | | | | | | | | |
| | 37 | ✓ | | | | | | | | |
| | 38 | ✓ | | | | | | | | |
| | 39 | ✓ | | | | | | | | |
| | 40 | ✓ | | | | | | | | |
| | 41 | ✓ | | | | | | | | |
| | 42 | ✓ | | | | | | | | |
| | 43 | ✓ | | | | | | | | |
| | 44 | ✓ | | | | | | | | |
| | 45 | ✓ | | | | | | | | |
| | 46 | ✓ | | | | | | | | |
| | 47 | ✓ | | | | | | | | |
| | 48 | ✓ | | | | | | | | |
| | 49 | ✓ | | | | | | | | |
| | 50 | ✓ | | | | | | | | |